

CONTINUING EDUCATION APPLICATION

*Form approved by the Federation of Chiropractic Licensing Boards 4/96 - Does not guarantee program approval.
Check with board prior to submission as acceptance of form may vary from state to state.*

BOARD(s) circle all you wish to apply to: AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC
ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. **Two** copies [with attachments] must be submitted. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. *Acceptable program criteria may vary among boards.*

NAME OF COURSE OR SEMINAR _____

1. Organization or school presenting course _____

2. Contact information for person filling out this application:

Name _____ Phone_(____)_____ FAX_(____)_____ E-mail _____

Address _____

3. Name of cosponsor (if applicable) _____

4. Date(s) course will be offered	Locations
_____	_____
_____	_____
_____	_____

5. Fee to be charged to participant _____ Fee covers _____

6. What best identifies the educational experience: *(please circle - not all formats accepted by all boards)*

(a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study
(e) Video Presentation (f) Other: _____

7. Exact hours course is scheduled for _____

8. Number of continuing education hours requested _____

9. Name(s) of instructors *(attach CV's or résumés)*

10. Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification?

11. List text(s) and equipment used as aids _____

12. a. Is course approved/sponsored by any school having status with the CCE? **G YES** **G NO**
b. Is course approved/sponsored by any other healing arts school or college? **G YES** **G NO**
If YES to either, name school _____

13. Is an examination or evaluation process part of the program? *Describe* _____

14. Are any promotional publications or advertisements being used? **G YES** **G NO**
If YES, please attach final or draft copies (if draft, please mail a copy of the final version later).
15. Does this course include practice building, either as a part of the program itself, or as an optional offering? **G YES** **G NO** *If YES, please explain* _____
16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending? **G YES** **G NO**
If YES, please explain _____
17. Will those attending be given a product as a gift or at a reduced price? **G YES** **G NO**
If YES, please explain _____

18. **TOPICS AND HOURS REQUESTED FOR APPROVAL:** **No. of Hrs**

- (A) Principles of Practice / Philosophy of Chiropractic _____
- (B) Examination Procedures / Diagnosis _____
- (C) Physical therapy / Physiological therapeutics _____
- (D) Nutrition _____
- (E) Adjustive technique _____
- (F) Radiographic technique / safety _____
- (G) Diagnostic imaging interpretation _____
- (H) Insurance reporting / Procedures _____
- (I) Practice management _____
- (J) Philosophy of Chiropractic _____
- (K) Risk management _____
- (L) Basic sciences _____
- (M) Research trends _____
- (N) Medical / legal _____
- (O) HIV prevention / education _____
- (P) Boundaries issues _____
- (Q) Scope of practice _____
- (R) Other (Specify) _____

A syllabus or course outline may be submitted in lieu of hourly breakdown for **long term courses.**

Q YES **Q NO**

Approved by the board: _____

Name: _____

Date: _____

Approval # (if applicable) _____

Total Number of Hours Requested for Approval _____

19. I hereby certify that all information listed above is correct and that nothing has been omitted. The required enclosures are also included.

Print name _____ Signature _____
 Title _____

APPLICATION FEE ARRANGEMENTS _____

NOTE: PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIROPRACTIC REGULATORY BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATION COURSE BY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.